

MD's State Health Improvement Process (SHIP)

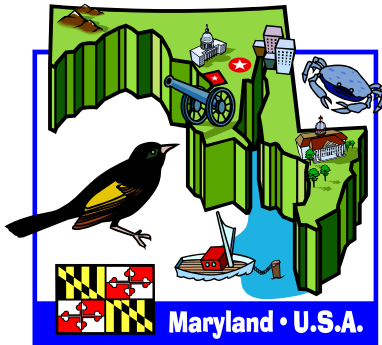
A One Year Progress Report to the MD Health Quality and Cost Council

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Director, Office of Population Health Improvement
March, 2012

Flashback March 2011

SHIP VISION

**INCREASE LIFE EXPECTANCY IN
MARYLAND
ACROSS ALL
RACIAL AND ETHNIC GROUPS
AND GEOGRAPHIC REGIONS**



****Maryland has dropped from 21 to 22 in state health rankings since last year (AHR 2011)**

SHIP GOAL

- To launch and support **Local Action** to improve health in Maryland communities

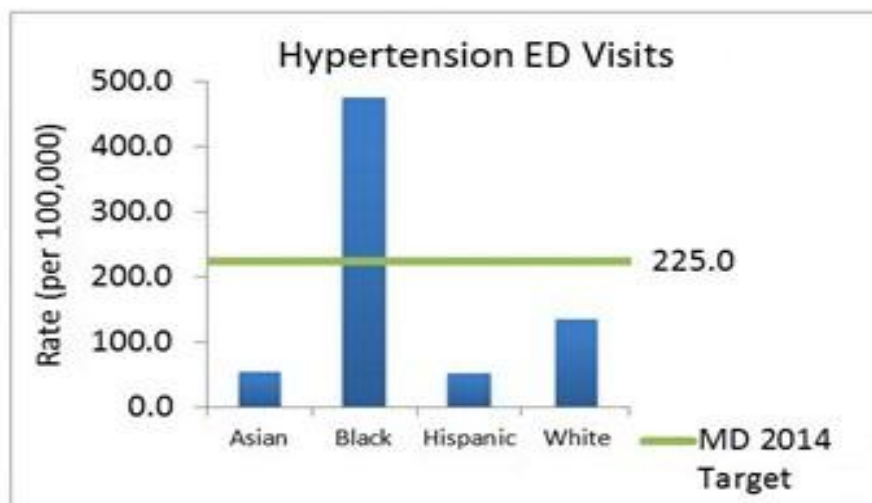
Benchmarks – 39 population health outcomes and determinants

- Baselines and 2014 targets at state and county levels
- Racial/ethnic disparity information for 28 measures

SHIP Disparities Information

Disparities in Maryland

Rate of emergency department visits due to hypertension (per 100,000 population) by race and ethnicity



Source: Maryland Health Services Cost Review Commission, 2010 - Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in these data for each race group according to self-reported race. Rates based on counts less than twenty are not presented due to instability

Asian	Black	Hispanic	White	MD 2014 Target
53.8	474.8	50.9	135.6	225.0

SHIP County Level Data

Calvert County

High Impact Objectives
Figures in RED/GREEN represent when the county baseline is WORSE/BETTER than the state baseline.

Obj #	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	Maryland 2014 Target
High Morbidity Impact				
17	Rate of ED visits for asthma per 100,000 population (HSCRC 2010)	535.3	850.0	671.0
27	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	258.1	347.2	330.0
28	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	183.7	237.9	225.0
34	Rate of ED visits for a behavioral health condition per 100,000 population (HSCRC 2010)	1,085.2	1,206.3	1,146.0
High Mortality Impact				
25	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	227.6	194.0	173.4
26	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	189.3	177.7	169.2
Multiple Impact Objectives (those objectives with a high rate of return on investment)				
3	Percentage of births that are LBW (VSA 2007-2009)	7.0%	9.2%	8.5%
6	Percentage of births where mother received first trimester prenatal care (VSA 2007-2009)	86.0%	80.2%	84.2%
11	Percentage of students who graduate high school four years after entering 9th grade (MSDE 2010)	91.1%	80.7%	84.7%
30	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	30.5%	34.0%	35.7%
31	Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.4%	11.9%	11.3%
32	Percentage of adults who currently smoke (BRFSS 2008-2010)	18.6%	15.2%	13.5%
33	Percentage of high school students (9-12 grade) that have used any tobacco product in the past 30 days (MYTS 2010)	25.8%	24.8%	22.3%
36	Percentage of civilian, non-institutionalized 18-64 yr olds with any type	89.8%	86.5%	90.9%

Calvert County Disparities

SHIP Measures Ranked by Percent Difference from Maryland Baseline (Worst to Best)
 Figures in **RED**/**GREEN** represent when the county baseline is **WORSE**/**BETTER** than the state and national baselines.

Obj#	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	National Baseline	County by Race/ Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
32	Percentage of adults who currently smoke (BRFSS 2008-2010)	18.6%	15.2%	20.6%	White/NH- 19.4% Black- 9.6%	13.5%	-20.1	10.2
25	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	227.6	194.0	190.9	White- 227.6 Black-240.1	173.4	-15.9	-17.5
30	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	30.5%	34.0%	30.8%	White/NH- 30.6% Black- 29.3%	35.7%	-10.9	-1.0
24	Percentage of adults who have had a flu shot in last year (BRFSS 2008-2010)	39.6%	43.0%	25.0%	White/NH- 40.2% Black- 30.4%	61.5%	-8.2	45.2
26	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	189.3	177.7	178.4	White- 191.1 Black-198.2	169.2	-6.3	-5.9
33	Percentage of high school students (9-12 grade) that have used smokeless tobacco	25.8%	24.8%	26.0%		22.3%	-4.0	0.8

One Year Later

- 17 Local/Regional Health Improvement Coalitions Mobilized
 - Public Health and hospital leaders
 - Community and BH leaders
 - Community members
 - Schools, veteran, aging and social services providers
 - Businesses and faith leaders
 - Safety and built environment planners



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[MEASURES](#)

[DISPARITIES](#)

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[EXECUTIVE
SUMMARY](#)

[FEATURED TOPIC \(1\)](#)

[HEALTH TIPS](#)

[SHIP MEASURES \(1\)](#)

[TOOLBOX](#)

[SHIP RESOURCES](#)

[COUNTY HEALTH
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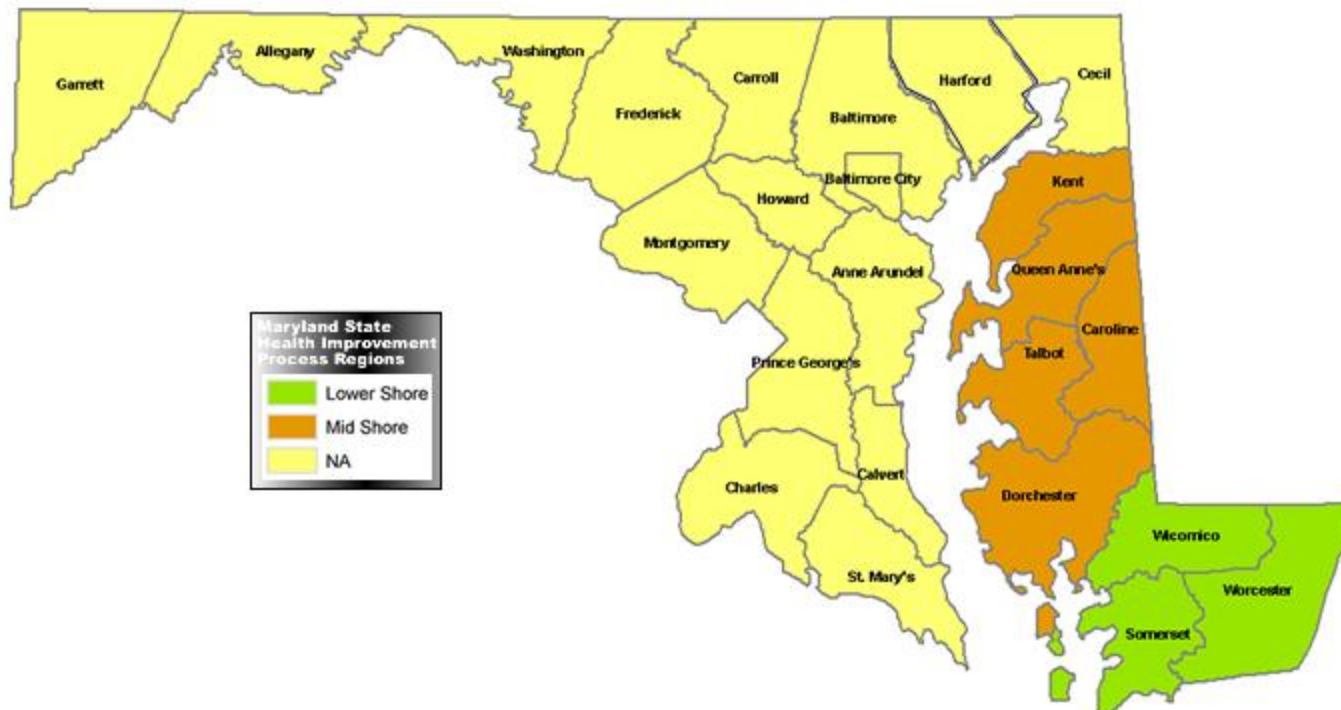
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State Health Improvement Process (SHIP)

Local Health Improvement Coalition (LHIC) Information

(*Additional local health planning information can be found by clicking on a jurisdiction below*)




Print Preview

1 Page View Shrink To Fit


Mid Shore HHealth Improvement Coalition | Kent County Health Department Page 1 of 2

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Mid Shore Health Improvement Plan
MSHIC Contact Person
Leland Spencer, M.D.
Health Officer Kent and Caroline County
125 South Lynnhurst Street
Chesertown, MD 21820
(410) 778-1350
ldspencer@dhmh.state.md.us



Vision: All Mid Shore Communities will Exemplify Optimal Health and Wellness
Mission: To improve the health of residents of the Mid Shore region through a local collaborative effort that identifies, prioritizes, and provides strategic action planning to solve health problems.
Meeting Dates: 2nd Monday of Every Month starting December 12th, 2011
Time: 12:30 – 2:00
Place: Queen Anne County Health Department, 208 North Commerce Street, Centreville, MD 21617

Mid Shore Health Improvement Coalition Membership

Name	Title	Organization
Community Organizations		
Joe Sheehan	CEO	Choptank Community Health System
Janet Fountain	Project Director	Caroline County Minority Outreach Technical Assistance
Donna Hacker	Executive Director	Talbot County Local Management Board
Sandy Wilson	Program Manager	Partnership for Drug Free Dorchester
Margaret Jopp	Family Nurse Practitioner	Caroline County Community Representative
Jeanne Brownell	Deputy Director	Eastern Shore Area Health Education Center
Dora Best	Program Coordinator	Kent County Minority Outreach Technical Assistance
Deanna Harrell	Executive Director	YMCA of the Chesapeake
Sharon Pahlman	Health Educator	University of MD Extension
Hope Clark	Director	Kent County Local Management Board
William Clark	Director	

<http://www.kenthd.org/mhip.php> 3/5/2012

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10:27 AM 3/5/2012

One Year Later

- Coalition engagement and planning was supported by Maryland hospitals with more than \$450,000 in start up funding
- Hospitals planning IRS required Community Health Needs Assessments with their coalitions

2012/2013 Coalition Priorities

- Local Coalition Action Priorities

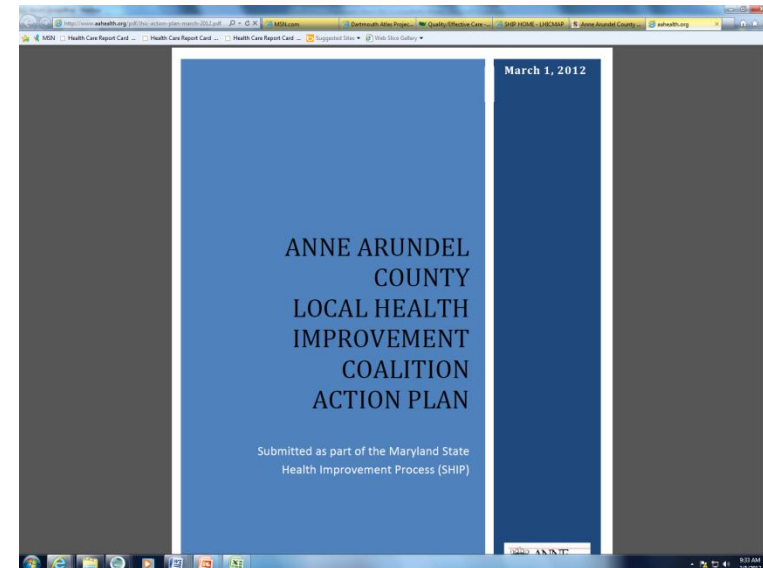
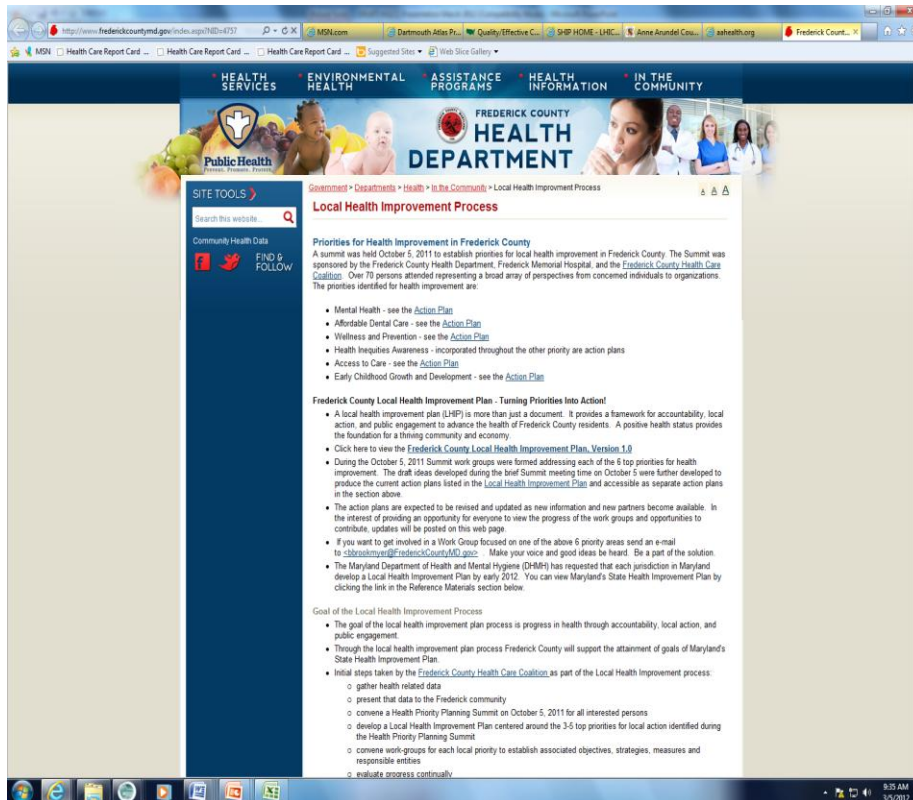
- Obesity (16)
- Health Care Access (10)
- Tobacco (9)
- Behavioral Health (9)
- Cardiovascular Disease (8)
- Birth Outcomes/Reproductive Health (8)
- Diabetes (7)
- Other (1-6) Cancer, Safe Environments, Immunizations, Health Literacy, Infectious, Chronic, & Respiratory Disease



One Year Later

- **Health disparities** major coalition focus
 - Disparity goals within other priorities
 - i.e Provide cholesterol, BP, cancer, and other screenings in neighborhoods with high racial/ethnic ED disparities
 - Disparities as distinct priority (7 coalitions)
 - I.e. Reduce health literacy barriers using AHRQ model
- Coalitions set **2014 targets** based on SHIP county level measures and local data

Coalition Websites and Plans



2014 Targets

(Corresponds with SHIP Vision Area 6: Ensure that Marylanders Receive the Health Care They Need)

County Outcome Objective	Current Baseline	2014 Target
Increase life expectancy in Prince George's County	77.5 years (life expectancy at birth, VSA 2009)	81.4 years using 5% increase
Increase the proportion of persons with health insurance	82.2% (percentage of civilian non-institutionalized ages 18-64 with any type of health insurance, BRFSS 2008-2010)	91.1% using midpoint to Healthy People (HP) 2020
Reduce the proportion of individuals who are unable to obtain, or delay obtaining, necessary medical care, dental care, or prescription medications	15.8% (percentage of people who reported that there was a time in the past 12 months when they could not afford to see a doctor, BRFSS 2008-2010)	15% using 5% decrease
Increase the proportion of low income children and adolescents who receive dental care	57.8% (percentage of low income children ages 4-20 enrolled in Medicaid that received a dental service in the past year, Medicaid Calendar Year 2009)	60.7% using 5% increase
Increase the percentage of adults who visited a dentist within the past year	70.7% (percentage who visited a dentist for any reason in the past year, BRFSS 2010)	74.2% using 5% increase

One Year Later – Coalition Funding

- Community Health Resources Commission Grants for Coalition Action
 - Up to 17 awards ranging from \$25,000-\$75,000 for 2012 actions prioritized by coalitions
 - 2-4 bonus awards of \$25,000-\$50,000 for additional coalition action support
- Community Transformation Grants advancing Local Health Improvement Coalition Priorities

Plans for 2012

- Update measures with year 2 data
- Frederick County – NLAPH Project
- OSI funded partnership with Maryland Women's Coalition on Health Care Reform to increase engagement of "Women of Color"
- Expanded partnerships across state agencies (DHR, Aging, MSDE, SHA, etc.)
- Diffusion of Maryland promising practices
- And Much More!

STAY CONNECTED TO SHIP AND LOCAL COALITION HEALTH ACTION

SHIP website links to 17 coalitions' websites

<http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

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